

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/05/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/02/2011	
NAME OF PROVIDER OR SUPPLIER AZALEA HILLS				STREET ADDRESS, CITY, STATE, ZIP CODE 3700 LAFAYETTE PARKWAY FLOYDS KNOBS, IN47119			
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R0000	<p>This visit was for a State Licensure survey. This visit included the investigation of Complaint Number IN00089895.</p> <p>Complaint Number IN00089895 - Unsubstantiated, due to lack of sufficient evidence.</p> <p>Survey dates: June 1 and 2, 2011</p> <p>Facility number: 012161 Provider number: 012161 AIM number: NA</p> <p>Survey team: Gloria J. Reisert, MSW/TC Dorothy Navetta, RN Donna Groan, RN Avona Connell, RN</p> <p>Census bed type: Residential: 54 Total: 54</p> <p>Census payor type: Other: 54 Total: 54</p> <p>Sample: 07 Supplemental Sample: 09</p>			R0000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies.</p> <p>This plan of correction is prepared and submitted because of requirement under state and federal law.</p> <p>Please accept this plan of correction as our credible allegation of compliance.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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R0148	<p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed 6/7/11 Cathy Emswiller RN</p> <p>(e) The facility shall maintain buildings, grounds, and equipment in a clean condition, in good repair, and free of hazards that may adversely affect the health and welfare of the residents or the public as follows:</p> <p>(1) Each facility shall establish and implement a written program for maintenance to ensure the continued upkeep of the facility.</p> <p>(2) The electrical system, including appliances, cords, switches, alternate power sources, fire alarm and detection systems, shall be maintained to guarantee safe functioning and compliance with state electrical codes.</p> <p>(3) All plumbing shall function properly and comply with state plumbing codes.</p> <p>(4) At least yearly, heating and ventilating systems shall be inspected.</p> <p>Based on observation, record review and interview, the facility failed to ensure chemicals and disinfectant agents were secured for 1 of 2 days (June 1, 2011) which could effect 2 of 2 confused residents in the second floor census of 25. (Resident #38, 41)</p> <p>Findings include:</p>			R0148	<p>1. No residents were harmed and the chemicals were secured immediately when brought to the facility's attention. 2. All residents with confusion have the potential to be affected. See below for corrective measures. 3. Staff were re-educated on the need to ensure all hazardous chemicals remain secured at all times and on the need to ensure MSDS sheets are obtained for all</p>		06/20/2011

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	<p>During observation on 6/1/11 at 10:00 a.m., the door to the salon was found to be open and the cabinet which had 25 chemicals in it was also unlocked. The chemicals include, but were not limited to; Clorox disinfecting wipes (547 g (gram)), infusion leave-in treatment (225 ml (milliliter)), window cleaner (24oz (ounce)), ja medaclear skin and scalp treatment (8 oz), pro-oxide cream developer (33.8 fl oz), fanci-full temporary hair color (9 fl oz), redken rough paste 12 (75 ml), roux (12 black rage) temporary hair color rinse (15.2 fl oz), matrix solite cream developer 20v (473 ml), epi-clenz instant hand antiseptic (437 ml).</p> <p>On 6/1/11 between the hours of 09:00 a.m. to 10:00 a.m. during tour and interview, Certified Nurse Aide (CNA) #1 indicated out of 25 residents 2 residents have confusion at times (Resident #38 and 41)</p> <p>On 6/1/11 at 10:20 a.m. in interview with the hair stylist, she indicated the cabinet lock was hard to lock and that she usually locks cabinet. She indicated the key was kept in a drawer above the cabinet and she "guesses she will have to take the key home from now on".</p> <p>On 6/2/11 at 1435 p.m.(2:35 p.m.) the</p>		<p>chemicals used in the facility in the event an accident should occur. The Administrator or her designee will make rounds twice daily, on scheduled work days, for four (4) weeks, then daily, on scheduled work days, for four (4) weeks, then weekly for four (4) weeks, then monthly thereafter (see attachment A). The Administrator or her designee will make rounds monthly for three (3) months then quarterly thereafter to ensure that all chemicals in use in the facility have a corresponding MSDS sheet (see attachment A).4. Findings of these audits will be reviewed during the facility's quarterly Quality Assurance meetings and the plan of action adjusted accordingly.5. The above corrective measures will be completed on or before June 20, 2011.</p>		

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	<p>Director of Nurses presented the Material Safety Data Sheet (MSDS) on 5 of the chemicals previously listed. The facility could not find the MSDS for the other chemicals listed.</p> <p>The following MSDS papers were faxed to the facility on 6/2/11 at 14:45 p.m. (2:45 p.m.).</p> <ol style="list-style-type: none"> 1. Epi-Clenz Foaming Hand Sanitizer which included, but was not limited to: "Health Hazard Data: Emergency and First Aid Procedures: Flush skin and eyes with running water." 2. Window Cleaner & Stainless Steel Cleaner which included, but was not limited to: "Emergency and First Aid Procedures: Inhalation: remove from exposure. Obtain medical attention immediately. Ingestion: May be harmful if swallowed. Drink large amounts of water or milk. DO NOT induce vomiting. Get medical attention immediately. Avoid contamination of foods." 3. Clorox Disinfecting Wipes Kitchen "First Aid: If Swallowed - Drink a glassful of water. Call a physician or poison control center. Inhalation - If breathing is effected, move to fresh air." 4. Cream Bleach Oils and Color 						

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R0153	<p>Thickeners Containing ethoxylated Surfactants: "Health Hazards: Danger: Corrosive. May cause burns of the skin, eyes, and other mucous membranes. Harmful if swallowed."</p> <p>5. Roux fanci-full rinse and color correctors: "Health Hazard First Aid: eye Contact: Wash immediately with lukewarm water. Skin Contact: Wash immediately with water."</p> <p>(j) The facility shall observe safety precautions when oxygen is stored or administered in the facility. Residents on oxygen shall be instructed in safety measures concerning storage and administration of oxygen. Based on observation and interview, the facility failed to ensure oxygen was stored safely and residents were instructed in safe storage for 2 of 2 residents utilizing oxygen by way of tanks in a sample of 7. (Resident #6, #15).</p> <p>Findings include:</p> <p>1. In interview with Resident # 15 at 12:00 p.m. on 06/01/11, she indicated E-cylinder oxygen tanks were lined against the wall in her room. She indicated they were not behind a chain or secured in any manner and she felt like it was dangerous.</p>			R0153	<p>1. Residents #6 and 15 were not harmed. The oxygen was secured immediately. 2. Any other residents that may require oxygen in the future have the potential to be affected. See below for corrective measures. 3. Staff were re-educated on oxygen safety and storage (see attachment B). Residents using oxygen will be educated on safe use (see attachments C and D). The administrator or her designee will make rounds weekly for four (4) weeks, then monthly for 2 months, then quarterly to ensure oxygen is secured/stored appropriately (see attachment A). The DON or her designee will monitor weekly for four (4) weeks,</p>		06/20/2011

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R0177	<p>On 06/01/11, at 1:51 p.m., accompanied by the Administrator Resident #15's room was observed. Three E-cylinder tanks of oxygen were standing against the right wall upon entrance to the room. The cylinders were not secured in any manner.</p> <p>2. On 06/01/11, at 2:01 p.m., Resident #6's room had a sign on the door indicating Oxygen was in the room. The Administrator opened the door to allow observation. The closet contained 1 E-cylinder and 6 smaller portable oxygen containers. The oxygen was not secured in any manner.</p> <p>3. In interview on 06/02/11 at 8:25 a.m., with Resident #15 she indicated the oxygen was now secured. She indicated she had not been educated related to storage of oxygen and in fact at one time she had hit a tank with her wheel chair and knocked it over.</p> <p>(a) The facility shall make provisions for the handicapped as required by state or federal codes.</p> <p>Based on observation, record review and interview, the facility failed to ensure</p>	R0177	<p>then monthly for 2 months, then quarterly thereafter to ensure all residents using oxygen have been educated on safe usage, such education is documented in the clinical record and that a copy of that educational material be retained in the clinical record (see attachment E).4. Findings of these audits will be reviewed during the facility's quarterly Quality Assurance meetings and the plan of action adjusted accordingly.5. The above corrective measures will be completed on or before June 20, 2011.</p> <p>1. Residents #31, 35 and 57 were not harmed.2. All residents using assistive devices for</p>	09/20/2011	

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	<p>residents with electric scooters and using walkers had easy access through the front doors for 1 of 1 resident in a sample of 6 (Resident #31) and 2 of 2 residents (Resident #35, 57) in a supplemental sample of 8.</p> <p>Findings include:</p> <p>On 6/1/11 at 1440 (2:40) p.m., in interview with Resident #31, the resident indicated "the front doors were heavy and hard to open. There was also a bump which was too high for getting over." The resident was seated in a motorized scooter.</p> <p>On 6/2/11 at 10:10 a.m., a man was observed opening the front door for another man, (Resident # 57), who was in a jazzy chair. In interview with the Resident, at this time, he indicated with hands that when he tries to go through doors it shuts on him.</p> <p>On 6/2/11 at 8:35 a.m., Resident #35 asked to get help in getting handicapped doors. The resident indicated " 8 - 10 residents have electric chairs and some use walkers. It's hard to go out of doors. Corporate didn't want doors because it would look like a nursing home. This has been brought up in council minutes." Review of the resident council minutes</p>		<p>locomotion have the potential to be affected. See below for corrective measures.3. The administrator was re-educated on review of and response to resident council concerns in a timely manner. Bids are being obtained to install automated doors at the front of the facility. The Regional Director or her designee will review resident council meeting minutes monthly for three months then quarterly thereafter to ensure all concerns are addressed thoroughly and in a timely manner (see attachment F). The front doors to the facility will be replaced with automated entry doors.4. Findings of these reviews will be discussed during the facility's quarterly Quality Assurance meetings and the plan of action adjusted accordingly.5. The above corrective measures will be completed on or before September 20, 2011.</p>		

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	<p>from January 2011, February 2011, March 2011, April 2011, May 2011 and June 2011. Documentation was lacking this was brought up.</p> <p>On 6/2/11 at 12:03 p.m., in interview with the Administrator, she indicated the residents concerns have been addressed. Corporate indicates "we're assisted living."</p> <p>On 6/2/11 at 1:20 p.m., in interview with the Activity Director, she indicated the concern with the doors was brought up at a resident council meeting. She began working in September 2010. She indicated when the concerns are brought to her attention, they are reported to the Administrator who in turns responds to them. The response would be brought up in old business at the next meeting.</p> <p>On 6/2/11 at 1:35 p.m., the Administrator provided an e-mail dated August 10, 2011 which indicated "[named family member] of resident #57 resides at Azalea Hills. She called the hotline concerned about the entry door. She say's it is a tremendous burden on the residents to go in and out. She also believes it poses a safety issue as well. She is very concerned and would like feed back on how this problem will be resolved. This is the 3rd complaint on the</p>				

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R0304	<p>door. The door that is currently there is not automatic, is very heavy and the residents have a difficult time with their wheelchairs/walkers." Another e-mail dated August 10, 2011 at 2:25 p.m., included, but was not limited to "it has been an ongoing resident council concern in both buildings tool."</p> <p>On 6/2/11 at 2 p.m., in interview with the Administrator, she indicated no response was received to the e-mails.</p> <p>(e) Medicine or treatment cabinets or rooms shall be appropriately locked at all times except when authorized personnel are present. All Schedule II drugs administered by the facility shall be kept in individual containers under double lock and stored in a substantially constructed box, cabinet, or mobile drug storage unit.</p> <p>Based on observation and interview, the facility failed to ensure medication carts were locked/secured when staff were not in attendance on 5 of 5 observations by 2 Licensed Practical Nurses. (LPN #1, #2) This deficient practice had the potential to affect 54 current residents.</p> <p>Findings include:</p> <p>1. On 06/01/11 at 10:13 a.m., Licensed Practical Nurse (LPN) #1, was observed</p>		R0304	<p>1. No residents were harmed.2. All residents have the potential to be affected. See below for corrective measures.3. The DON and licensed nursing staff were re-educated on the Storing Drugs policy. The administrator or her designee will monitor to ensure medication carts remain locked when not immediately attended by a licensed staff member three times weekly for 4 weeks, then weekly for 2 months, then monthly thereafter to ensure continued compliance (see attachment G).4. The findings of</p>		06/20/2011	

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	<p>to prepare medications of Resident # 38. She then entered the resident's room without locking the medication cart. The nurse failed to have the cart in her sight during the administration of medications to the resident.</p> <p>2. On 06/01/11 at 10:47 a.m., LPN #1, prepared medications for Resident #53. She entered the resident's room and failed to lock the cart or have the cart in her sight.</p> <p>3. On 06/01/11 at 10:30 a.m., LPN #1, prepared medications for Resident #44. She entered the resident's room and failed to lock the cart or have the cart in her sight.</p> <p>4. On 06/01/11 at 10:48 a.m., LPN #1, prepared medications for Resident #17. She entered the resident's room and failed to lock the cart or have the cart in her sight.</p> <p>5. On 06/01/11 at 11:30 a.m., LPN #2 left the door to the medication room open. Two medication carts were in the room and were unlocked. The LPN was out of sight of the medication room at this time.</p> <p>6. In interview with the Director of Nursing (DON) on 06/02/11 at 1:15 p.m., she indicated if nurses pull the cart to the</p>				<p>these audits will be reviewed during the facility's quarterly Quality Assurance meetings and the plan of action adjusted accordingly.5. The above corrective measures will be completed on or before June 20, 2011.</p>		

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	door and turn it around toward the door it is ok not to lock the cart. At 1:45 p.m., the DON provided the policy for "Storing Drugs" Procedure 3. "When not attended by a person permitted access, all drug storage areas and devices must be kept locked."						